## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

10/589349

FILING DATE

(FOR USE WITH FORM PTO-875)

APPLICANT(S)

|                           | <del></del>                                      | (FUR U        | SE WITE           | FORM     | PTO-875            | <u> </u>  |      |              |
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| TOTAL<br>DEP.             |  | <b>(-</b>     | 9                 | <b>4</b> |                    | <b>(-</b> |      | T            |
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PTO - 1360 (REV. 11/04)

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| TOTAL<br>DEP.   | ·  | <b>(-</b>     |             | <del>(</del>   | • (          | <del>-</del>                                      |  |
| TOTAL<br>CLAIMS | :  |               |             |                |              |   |  |

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